## **RECEIVED**

By WV Ethics Commission at 3:02 pm, May 15, 2023

**West Virginia Ethics Commission** 

## **Lobbyist Activity Report Form**

2023-01

West Virginia Ethics Commission Attn: Lobbyist Registrar 210 Brooks St., Ste. 300 Charleston, WV 25301 No faxed copies 304-558-0664 For office use only: Rec'd Postmark Fine

Days late

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

	,								
1. N	ame and contact information								
Name Scott Woodruff					Phone (	Phone (540) 338-5600			
Address One Patrick Henry Circle					Email St	Email scottw@hslda.org			
Address One 1 attlet Herry One of									
	X								
City, St	ate Zip Purcellville, VA	3 20132							
					<del>,</del>				
2. Re	eporting period for which this	activity report	is being filed						
Check	Report Period	Due Date	TOTAL EST		0.2				
x	2023-01 1/1/23-4/30/23	5/15/23							
3. List all employers/organizations that you represent as a lobbyist  Use additional reporting forms if necessary.									
1. Home School Legal Defense Association									
2 5									
36									
4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."									
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Lobby activity including emails, letters, and phone calls regarding WV HB 3408 and SB 589. No expenditures.									
-									
5. Expenditures									
16		ian contributio	ns, mark here:						
If you	spent money on any public off	ficial, employee	or member of	his or her immed	diate family, list	the amounts sp	ent in each of t	he following	
catego	ries per each employer you re	present. Comp	olete and attach	Schedule A to t	his report.				
	diture Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended	
Α.	Meals and Beverages	\$	\$	\$	\$	\$	\$	\$0	
В.	Lodging	\$	\$	\$	\$	\$	\$	\$0	
C.	Advertising	\$	\$	\$	\$	\$	\$	\$0	
D.	Travel	\$	\$	\$	\$	\$	\$	\$0	
E.	Gifts	\$	\$	\$	\$	\$	\$	\$0	
F.	Other Expenses	\$	\$	\$	\$	\$	\$	\$0	
G.	Group Expenditures	\$	\$	\$	\$	\$	\$	\$0	
Н.	Campaign Contributions LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.							\$0	
	TOTAL - full aumonditures	\$	\$	\$	\$	\$	\$	\$0	
If you	sponsored or contributed to a	ny group event	or shared expe	enses, list the tot	al expended in o	ategory 5G imr	nediately abov	e. Complete and	
attach	a Schedule B for each event.							Continued on page	